

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/646013** FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3				
5		3				
6		①				
7		①				
8		①				
9		①				
10	1					
11		1				
12	1					
13		1				
14		3				
15		3				
16		①				
17		①				
18		①				
19		①				
20		①				
21		①				
22		①				
23		①				
24		①				
25		①				
26		①				
27		①				
28		①				
29	1					
30		1				
31		①				
32		①				
33		①				
34		①				
35	1					
36	1					
37	1					
38						
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40						
41						
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43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	7	↓		↓		↓
TOTAL DEP.	38					
TOTAL CLAIMS	45					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS